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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										polication or Docket Damper			
APPLICATION AS FILED - PART I (Column 1) (Column 2)									ENTITY	OR		OTHER THAN SMALL ENTITY	
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$) FEE (\$		FEE (\$)	7	DATE (0)		
BASIC FEE (37 CFR 1.16(a), (b), or (c))		(c))				$\neg \uparrow$	1.011	<u>- (Ψ)</u>	1 (4)	1	RATE (\$)	FEE (\$)	
SE	ARCH FEE CFR 1.16(k), (i), or (7				┨.		+	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))						\dashv	-		<u></u>	1			
	TAL CLAIMS CFR 1.16(i))		minus	20 =			×			1			
INDEPENDENT CLAIMS		NIMS				\dashv	<u> </u>	<u> </u>		OR	X =		
(3/	CFR 1.16(h))	If the	minus		s excood 10		×	_=			X =		
FE	PLICATION SIZE E CFR 1.16(s))	sheet is \$25 addition	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			ie							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.							ТОТ	AL.		1	TOTAL		
APPLICATION AS AMENDED - PART II												<u> </u>	
(Column 1) (Column 2) (Column 3)						3)	SMALL ENTITY			OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESEN EXTRA		RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
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	Independent (37 CFR 1.16(h))	· 3	Minus	y	= 1	┨ .	`	\neg					
Æ	Application Size Fee (37 CFR 1.16(s))					\dashv	X	-		OR	× - \		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR	`		
							TOTAL ADD'L F	EE		OR	TOTAL ADD'L FEE		
	·	(Column 1)		(Column 2)	(Column	3)			_				
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESEN EXTRA		RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
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AMEND	Independent (37 CFR 1.16(h))	*	Minus	***	T= -	7				OR	х =		
뿔	Application Size	Fee (37 CFR 1	.16(s))			┨╏	×	=		OR	X =		
△	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							7					
							TOTAL ADD'L FE	ΞE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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